

Case Number

County Number

Worker Name

Please follow the instructions of the checked boxes below.

- ☒ Food Assistance Notice of Expiration: Your Food Assistance will end . Return this signed form by or you may not get Food Assistance at the regular time next month.
- ☒ If this box is checked, you must have an interview for Food Assistance. A worker will contact you by phone or appointment letter. If you miss the interview, your benefits may be delayed or canceled. You must ask your worker to reschedule and also provide required verification.
- ☒ FIP/Refugee Cash Assistance: It’s time to review your case. Please fill out this form and send or bring it to the address above by . This information will be used to decide if you will continue to get Family Investment Program (FIP) or Refugee Cash Assistance benefits.

What do I do now?

- Fill out this form. Use extra paper, if needed for your answers.
- Send proof if the question has the following by it:

Send proof

 Please include your name and Case Number on any proof you submit. Send copies because originals will not be returned.
- Sign and date page 4.
- Mail this form and proof to the address above or take it to your local office.
- You have the right to ask for an application and submit it with readable name, address, and signature, at any time.
- If you have questions, call your worker at .

Have you moved? Give us your new address if you moved.

| | |
|--------------------------------|---------------------------|
| Street Address | City, State, and ZIP Code |
| Mailing Address (if different) | City, State, and ZIP Code |

Household Members – These people get benefits with you or are counted to figure your benefits:

| Name/State ID | Social Security Number (SSN) | Age | Last Grade Completed in School | Citizen? Yes/No | If Alien, Status? |
|---------------|------------------------------|-----|--------------------------------|-----------------|-------------------|
| | | | | | |

Has anyone moved in or out of your home or is there anyone else living in your home that is not listed on page 1? ☐ Yes ☐ No If yes, fill out the information below.
Note: Last Grade in School* is only required for FIP.

| Name | Relationship to You | Birth Date | Last Grade in School * | SSN | Date Moved In/Out | Ethnicity ** | Race *** | Citizen Yes/No | If Alien, Status |
|------|---------------------|------------|------------------------|-----|-------------------|--------------|----------|----------------|------------------|
| | | | | | | | | | |
| | | | | | | | | | |

We have to ask for ethnicity and race, but you don't have to answer. The reason for the information is to assure that program benefits are distributed without regard to race, color, or national origin. Your answer won't affect how much you get or how soon. If you choose to answer, use the following codes:

**Ethnicity

H = Hispanic or Latino
N = Not Hispanic or Latino

***Race (Choose all that apply)

W = White
B = Black or African American
A = Asian

I = American Indian or Alaskan Native
N = Native Hawaiian or other Pacific Islander

Is anyone fleeing to avoid prosecution, custody, or jail for a felony crime?

☐ Yes ☐ No

Is anyone violating a condition of probation or parole?

☐ Yes ☐ No

Is anyone in or expecting to go to jail or prison?

☐ Yes ☐ No

Has anyone been disqualified from a Food Assistance program in any state for fraud or a program violation?

☐ Yes ☐ No

If anyone has dropped out or is no longer attending school full-time, list who and when.

If anyone is in a college or training program, list who and which school or program they are enrolled in.

If anyone is in the military, a veteran, or a spouse of a veteran, list who and their status.

List the most recent address of each parent not in the home. Only complete if you receive FIP.

| Name of Parent Not Living in the Home | Address of this Parent | Name of this Parent's Children |
|---------------------------------------|------------------------|--------------------------------|
| | | |
| | | |

Income –

Send proof

Send all pay stubs or proof of income for the last 30 days.

For proof of tips, send pay stubs showing tips, employer's statement, or your tip records. For new jobs, send proof showing first pay date, hourly rate, and weekly number of hours. If job stopped, send proof of the last pay date.

You must tell us about all money the people in your household get. If you leave a space blank, we will take that to mean there is no money of this kind. Please use an additional sheet of paper, if needed.

List all jobs the people in your household have.

| Who works? | Employer name? | Does this person get tips? |
|------------|----------------|--|
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Will the amount of money from jobs stay about the same as shown on the proof you are sending? If no, explain

☐ Yes ☐ No

Has anyone been hired for a job but not received a paycheck yet?

☐ Yes ☐ No

If yes, who?

Employer name?

Rate of pay

Hours worked per week

Has anyone's job ended in the last 30 days?

☐ Yes ☐ No

If yes, who?

Employer name?

| What other money do people in your household get? | Who gets the money? | How much per month? <div>Send Proof</div> |
|---|---------------------|--|
| Self-Employment or Odd Jobs (Send the most recent federal tax forms. If tax return was not filed, send records that show income and expenses.) | | |
| Unemployment or Worker's Compensation | | |
| Social Security or SSI | | |
| Veterans Benefits, Pensions or Retirement | | |
| Child Support or Alimony | | |
| Interest Income | | |
| Money from Friends or Relatives | | |
| Other: (Including irregular or one time payments) Explain: | | |

Will the amount of other money stay about the same as shown on the proof you are sending? ☐ Yes ☐ No
If no, explain_____

Shelter and Utilities –

Send proof

 Send proof of expenses for the last 30 days.

Answer these questions only if you get Food Assistance.

Proof for renters can be a lease agreement or written statement from the landlord or housing authority. Proof for homeowners can be mortgage, property tax, and insurance statements.

Do you get rent assistance? ☐ Yes ☐ No
If yes, enter the exact amount you are responsible to pay. Do not estimate. \$_____ per month
Rent (Enter the exact amount you are responsible to pay. Do not estimate.) \$_____ per month
Lot rent (Enter the exact amount you are responsible to pay. Do not estimate.) \$_____ per month
Mortgage (Enter the exact amount you are responsible to pay. Do not estimate.) \$_____ per month

If you pay taxes or insurance separate from your mortgage, list the **exact amounts** below.
Do not estimate.

Property taxes: \$_____ every ☐ 1 ☐ 3 ☐ 6 ☐ 12 months
Homeowner's insurance: \$_____ every ☐ 1 ☐ 3 ☐ 6 ☐ 12 months

Check the boxes if you pay any of the following.

- ☐ Lights/electricity
- ☐ Water and sewage
- ☐ Garbage and trash
- ☐ Gas
- ☐ Telephone
- ☐ Extra charges from your landlord
- ☐ Garage rent
- ☐ Pet fees
- ☐ Other, explain_____

Check the boxes if:

- ☐ Any of the utility bills you have to pay are for heating or cooling/air conditioning.
- ☐ You got energy assistance in the past year.
- ☐ Your utilities are included in your rent.
- ☐ Anyone helps you pay rent, utilities, or other expenses. Example: roommate, parent, friend, etc.
If yes, who helped and which expenses did they pay?_____

Expenses –

Send proof

 Send proof of expenses for the last 30 days.

If you have **day care** expenses for a child or a disabled adult who lives with you, tell us. Proof can be receipts or statement of payments from the provider.

Who gets care: _____ Amount you pay \$ _____ per month

If anyone pays court-ordered **child support**, tell us.

Who pays: _____ Amount you pay \$ _____ per month

If you have **medical expenses** not paid by insurance for anyone who is disabled or over age 59, tell us. These could be doctor or hospital bills, medicine, transportation, health insurance premiums, or other medical expenses. Send proof if your expenses have changed.

Who pays: _____ Amount you pay \$ _____ per month

Resources (Assets)

Does anyone have a car, truck, boat, camper, motorcycle or other vehicle? ☐ Yes ☐ No
If yes, list make, model, year below.

List the money anyone has in:

| | | |
|---|----|------|
| Checking/savings or other bank/credit union accounts | \$ | Who? |
| Cash | \$ | Who? |
| Stocks, bonds, savings certificates, annuities, IRAs, Keogh or other assets | \$ | Who? |

List anyone who has or owns any land, buildings, or houses, other than the house you live in:

List anyone who has a conservatorship or trust:

Does anyone have life or death benefit insurance? ☐ Yes ☐ No

For FIP, list any tools, machinery, livestock, or collections that anyone has:

Expected Changes – Tell us if anything has changed or is expected to change.

Help With Your Food Assistance

You can have someone fill out your application, answer questions for you, give information at your interview, and buy your food with an EBT card. If you choose to have someone help you, we will be able to share information with this person. This is optional.

We will be able to share your information with this person. Tell us about the person you want to help you.

Name: Telephone number:

Address:

Sign and Date

I certify, under penalty of perjury, that:

- The answers I give are correct and complete to the best of my knowledge.
- My answers about citizenship or alien status of each person applying for assistance are correct.

I know what I reported may cause my benefits to be reduced, increased, or stopped and that the Department of Human Services may check my case.

| | | |
|---|--------------|--------------|
| Your Signature or Mark | Phone Number | Today's Date |
| Signature of Person, if Any, Who Helped Complete the Form | Phone Number | Today's Date |

If we need to contact you, is morning or afternoon the best time to reach you?

Optional Release of Information

Help Us Help You!

You do not have to sign this, but it will help us get information we need to help you,
without having to get your signature on specific requests.

You should know that:

- We may need more information to decide if you can get assistance.
- If more information is needed from you, you will get a letter telling you what we need and the date you must get it to us.
- You are responsible to get the information or to ask us for help to get it.
- If you do not give us the information or ask for help by the due date, your application may be denied or your assistance may stop.
- We may be able to use the release below to get the information we need. **But you still have to provide information we request or ask us for help.**
- We may attach a copy of this release to a form that asks other people or organizations (like your employer) for specific information needed about you or others in your household.

Print and sign your name below to give us permission to get needed information. Remember to also sign page 4.

RELEASE OF INFORMATION

I hereby authorize any person or organization to give the Iowa Department of Human Services requested information about me or other members of my household.

A copy of this release is as valid as the original.

This release does not apply to protected health information.

This release is good for 12 months from the date signed.

Your Name (please print clearly)

Other Adult Name (please print clearly)

Signature or Mark

Signature or Mark

Date

Please keep the following pages for your information.

Social Security Number and Immigration Status Information

We can give help only to people who give us their social security number (SSN) or proof of application from the Social Security office. **You don't have to give us the SSN for people in your household who you do not want help for, but you may choose to give us their SSN.** However, we will use any SSN given to us the same way we use the SSN of people getting assistance. If you do not give us a SSN for people in your household, we will deny assistance to those people. There are some exceptions to this. Please ask your worker. We will not give any SSN to the Citizenship and Immigration Service.

You can apply for part of your household even if some members do not have lawful immigrant status. For example, parents who do not have lawful immigrant status may apply for their children who are U.S. citizens or qualified lawful immigrants. You need to give proof of immigration status or U.S. citizenship for each person in your household for whom you apply. Your household's alien status may be checked with the Citizenship and Immigration Service. Any information we get from the Citizenship and Immigration Service may affect your household's benefits. We will not contact the Citizenship and Immigration Service about the people you don't apply for. However, we may use their income and assets to see if the rest of the household can get help.

You Have the Right to Appeal

You can appeal in person, by telephone or in writing for Food Assistance, Child Care Assistance, Family Investment Program or Medicaid. You must appeal in writing for all other programs by doing **one** of the following:

- Complete an appeal electronically at <https://dhssecure.dhs.state.ia.us/forms/>, **or**
- Write a letter telling us why you think a decision is wrong, **or**
- Fill out an Appeal and Request for Hearing form. You can get this form at your county DHS office.

Send or take your appeal to the Department of Human Services, Appeals Section, 5th Floor, 1305 E Walnut Street, Des Moines, Iowa 50319-0114. If you need help filing an appeal, ask your county DHS office.

You can represent yourself. Or, you can have a friend, relative, lawyer, or someone else act on your behalf.

You may contact your county DHS office about legal services. You may have to pay for these legal services. If you do, your payment will be based on your income. You may also call Iowa Legal Aid at (800) 532-1275. If you live in Polk County, call (515) 243-1193.

You Will Not Be Discriminated Against

It is the policy of the Iowa Department of Human Services (DHS) to provide equal treatment in employment and provision of services to applicants, employees, and clients without regard to race, color, national origin, sex, sexual orientation, gender identity, religion, age, disability, political belief or veteran status.

If you feel DHS has discriminated against or harassed you, please send a letter detailing your complaint to: Iowa Department of Human Services, Hoover Building, 1st Floor – Bureau of Human Resources, 1305 E Walnut, Des Moines, IA 50319-0114 or via email contactdhs@dhs.state.ia.us

Food Assistance

This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex, and in some cases, religion or political beliefs. The U.S. Department of Agriculture (USDA) also prohibits discrimination based on race, color, national origin, sex, religious creed, disability, age, political beliefs or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027), found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, DC 20250-9410; or

Fax: (202) 690-7442; or
Email: program.intake@usda.gov

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) (Food Assistance in Iowa) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish, or call the State Information/Hotline Numbers found online at: http://www.fns.usda.gov/snap/contact_info/hotlines.htm.

To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS), write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, SW, Washington, DC 20201 or call (202) 619-0403 (voice) or (800) 537-7697 (TTY). This institution is an equal opportunity provider.

Food Assistance and FIP

We Check What You Tell Us

The information you give us may be checked by federal, state, and local officials to make sure it is true. Things we might check are any listed person's: SSN, job and pay, bank account amount, amounts received from other sources like Social Security or unemployment, and alien status. If any information you give us is not correct, we may deny your application. We may check records from other states to see if any person in your household can get benefits in Iowa. This may be because a person was disqualified from a program in another state.

We check and use computer systems like the State Income and Eligibility Verification System. If something you told us is different from what the computer system tells us, we will check to find out what is correct. We might check your information by contacting your employer, your bank or other people.

Things You Need to Know

- DHS may give your answers to law enforcement officials to catch persons fleeing to avoid the law.
- Quality Control or Investigations may review your case. They may contact other people or organizations to get proof of your information. By signing this application, you give permission to release confidential information to them. You must cooperate with them to keep your FIP benefits. You must cooperate with Quality Control to keep your Food Assistance benefits.
- We will use the information you give us on this form to determine what assistance you are eligible to receive.
- You will have to pay back any benefits you got or that was paid to a third party on your behalf for which you were not eligible.
- Section 1128B of the Social Security Act provides federal penalties for fraudulent acts and false reporting in connection with these programs.
- Anyone who gets, tries to get, or helps any other person get assistance to which they are not entitled, is guilty of violating the laws of the state of Iowa. This includes, but is not limited to, Iowa Code Chapters 239B, 243, 249, and 249A.
- Your expenses may be used to figure the amount of assistance you get. You may have expenses included in your benefit calculation by reporting and giving proof of your expenses. If you do not report or give proof of your expenses, you choose not to claim the expense. You can report and give proof later, and the expense can be used for future months.

You also have the right to:

- Have someone help you complete the recertification/review form.
- Have all of your questions answered.
- Get information about the programs you applied for and any other DHS programs that you may be able to get.
- Be sent a notice if you are eligible and when your benefits change or stop.
- Have information about you and your family kept private.

To report a change:

- Call: 1-877-347-5678 Monday – Friday 7:00 a.m. to 6:00 p.m., excluding state holidays
- Email: IMCSC@dhs.state.ia.us

Food Assistance

Rules of the Food Assistance Program

Follow these rules:

- **Don't** hide or give wrong information on purpose to get Food Assistance benefits.
- **Don't** use Food Assistance benefits to buy non-food items like alcohol or tobacco.
- **Don't** trade, sell or give away Food Assistance benefits.

- **Don't** use someone else's Food Assistance benefits for yourself.
- **Don't** purchase a product with Food Assistance benefits, with a returnable container that has a return deposit, with the intent of getting cash back when the empty container is returned to the store.
- **Don't** buy food on credit and attempt to pay for it with Food Assistance.
- **Don't** buy a product with Food Assistance benefits so you can get cash or something other than eligible food by reselling that product.
- **Don't** fail to report if your household goes over its income limit.
If you get Food Assistance, your worker will tell you what your household's income limit is. If your household's income goes over your limit, or if anyone in your household receives lottery or gambling winnings of \$3,500 or more in any month, you must tell us by the 10th day of the next month. If you don't tell us on time, you might have to pay back the benefits.

Penalties of the Food Assistance Program

Anyone who breaks the above rules:

- **May not get Food Assistance benefits for one year for the first time, two years for the second time, and forever for the third time;**
- **May be fined up to \$250,000 or jailed up to 20 years or both; and may also be subject to prosecution under other applicable Federal and State laws.**
- **May be kept off Food Assistance for an additional 18 months, if court ordered.**

If a court finds you guilty of buying, selling, or trading more than \$500 in Food Assistance benefits, you will lose benefits forever. If a court finds you guilty of trading Food Assistance benefits for controlled substances, you will lose benefits for two years the first time and forever the second time. You will not get Food Assistance for 10 years if you are found guilty of getting or trying to get Food Assistance in more than one household at a time. This penalty happens if you give wrong information about who you are or where you live. *Giving wrong information on purpose may result in us taking legal action against you, either criminal or civil. It might also mean we reduce your benefits or take money back from you.*

Things You Need to Know

Households eligible for Food Assistance may get a notice that they are eligible for the "Promoting Awareness of the Benefits of a Healthy Marriage" program and a pamphlet listing those benefits. By giving this information, DHS can use different rules that may help you get Food Assistance.

If you have a Food Assistance overpayment, DHS will give your answers to federal and state agencies as well as private claims collection agencies, to collect the overpayment.

The Food Assistance office may contact other people or organizations to get proof of your information.

By having signed this application, you agree that all members of your household will register for work and follow all of the work and training rules.

To see what employment and training opportunities are available, you may contact:

- The Department of Human Services Employment & Training (E&T) Program online at <https://dhs.iowa.gov/food-assistance/related-programs/employment-and-training> or by phone at (515) 281-3131
- Your local IowaWorks Center. You may find your local work center at <https://www.iowaworkforcedevelopment.gov/contact>
- United Way – 211

The application filing date is different if your household is in an institution and applying for Food Assistance and Supplemental Security Income at the same time. In this case, the filing date is the date of release from the institution.

You may not be denied Food Assistance benefits just because you were denied benefits from other programs. Food Assistance applications will not be delayed due to requirements of other programs you may apply for.

The collection of information on the application, including the social security number of each household member, is authorized under the Food and Nutrition Act of 2008 (formerly the Food Stamp Act of 1977), as amended, 7 U.S.C. 2011-2036. The information will be used to determine whether your household is eligible or continues to be eligible to participate in the Food Assistance program. We will verify this information through computer matching programs. This information will also be used to monitor compliance with program regulations and for program management.

A household consisting of only Supplemental Security Income (SSI) applicants or recipients is entitled to apply for Food Assistance recertification at a Social Security Administration office.

FIP or Refugee Cash Assistance

Things You Need to Know

Within 10 days of the date the change happens, you must tell DHS about changes, such as:

- Income, when it starts or stops, including getting an inheritance or a one-time payment of past due child support
- Resources or assets
- Someone moving in or out of your home
- Mailing or living address
- Receipt of a SSN
- Change of school attendance of a child

If your application for FIP or Refugee Cash Assistance is approved, your Food Assistance may go down or stop.

Unless exempt, all members of your household must cooperate with the Family Investment Agreement (FIA) you signed with PROMISE JOBS. Talk with your worker if you feel you have a reason not to cooperate. If you choose not to participate in your FIA with PROMISE JOBS, your FIP benefits will stop.

You must cooperate with the Child Support Recovery Unit. While you get FIP, you give up your rights to child support for the months you are on FIP. The State of Iowa will keep your child support to pay back the money you get from FIP.

Using Your FIP/RCA Electronic Access Card (EAC) or Your Debit Card to Access FIP/RCA Funds from Your Personal Bank Account

You cannot access your cash benefits with your EAC or personal debit card at a:

- Liquor store or any place that mainly sells liquor,
- Casino or other gambling or gaming establishment, or
- Business which provides adult-orientated entertainment in which performers disrobe or perform in an unclothed state (such as a strip club).

This includes these types of businesses located in Iowa, on tribal land, or in any other state. If DHS determines that you have accessed your cash benefits with your EAC or personal debit card at one of the above places you:

- Will have committed fraud,
- Have to repay the amount of cash accessed at the location, as well as any access fees, and
- Your family will not get cash benefits for three months with the first misuse and six months for each additional misuse.

By having signed page 4, you agree that no member of your household will use the EAC or your personal debit card to access FIP/RCA funds at prohibited locations.

You must:

- Apply for and accept any benefits that you may be able to get.
- Give us information and provide proof when we ask for it.
- Fill out review forms when you are asked to.

Penalty for Getting FIP in More Than One State

You will not get FIP for 10 years if you are found guilty of getting or trying to get FIP in more than one state at a time. This penalty happens if you give wrong information about where you live.